

## WELL-CHILD CARE

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### I. CPT<sup>1</sup> PROCEDURE CODES

54150, 54160, 81000 - 81015, 81099, 83655, 84030, 84035, 85014, 85018, 86580, 86585, 90645 - 90648, 90700 - 90709, 90712 - 90713, 90719, 90720, 90744 - 90747, 92002, 92004, 92012, 92014, 92015, 92551, 92587, 92588, 99381 - 99383, 99391 - 99393, 99431, 99433, 99499.

### II. DESCRIPTION

Well-child care includes routine newborn care, health supervision examinations, routine immunizations, periodic health screening, and developmental assessment in accordance with the American Academy of Pediatrics (AAP) guidelines.

### III. POLICY

Well-child care is covered for beneficiaries from birth to age six when services are provided by the attending pediatrician, family physician, certified nurse practitioner, or certified physician assistant. Well-child services are considered preventive and are subject to the same cost sharing/copayment and authorization requirements prescribed under the TRICARE Prime and Standard Clinical Preventive Services benefits.

### IV. POLICY CONSIDERATIONS

A. Visits for diagnosis or treatment of an illness or injury are not included in the well-child benefit. Benefits should be extended on the basis of the medical necessity for the services.

B. For children whose health screening and immunizations may not be current, payment may be made for well-child visits and immunizations up to midnight of the day prior to the day the child turns six years old, and thereafter under the "Preventive Care" benefit. (See [Chapter 1, Section 10.1](#).)

C. Well-child immunizations are covered when administered according to current Centers for Disease Control (CDC) recommendations.

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D. Well-child care for newborns includes the routine care of the newborn in the hospital, testing for hypothyroidism, phenylketonuria (PKU) and hemoglobinopathies (refer to [paragraph IV.G.2.](#) below for further details), and newborn circumcision. Only routine well-child care for newborns is covered as part of the mother's maternity episode, i.e., a separate cost-share is not required for the infant. If a circumcision is performed after the child has been discharged from the hospital, the service is cost-shared as an outpatient service (unless it qualifies for the special cost-sharing for ambulatory surgery). Separate professional claims must be submitted for the newborn and the mother.

E. A program of well-child care conducted according to the most current Guidelines for Health Supervision, AAP, is covered. Significant deviation from the guidelines requires justification. In any case, no more than nine well-baby visits in two years are covered.

F. Each office visit for well-child care includes the following services:

1. History and physical examination and mental health assessment.
2. Developmental and behavioral appraisal.
  - a. Height and weight should be measured regularly throughout infancy and childhood.
  - b. Head circumference should be measured for children through 24 months of age.
  - c. Sensory screening: vision, hearing (by history).

(1) Eye and vision screening by primary care provider during routine examination at birth, and approximately 6 months of age. Comprehensive eye examination once every 2 years beginning at age 3. The 2 comprehensive eye examinations offered between the ages of 3 and 6 should include screening for amblyopia and strabismus.

(2) All high risk neonates (as defined by the Joint Committee on Infant Hearing) should undergo audiology screening before leaving the hospital. If not tested at birth, high-risk children should be screened before three months of age. Evaluate hearing of all children as part of routine examinations and refer those with possible hearing impairments as appropriate.

NOTE: Newborn hearing screening within the first 3 months of life and preferably before hospital discharge, using otoacoustic emission technique, thereafter using pure-tone audiometry.

- d. Dental screenings.
- e. Discussion with parents, anticipatory guidance.

G. The following specific procedures are covered in a program of well-child care:

1. Immunization, according to the schedule recommended by the CDC.

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2. Heredity and metabolic screening:
    - a. Two screening tests for PKU, one prior to discharge from the hospital nursery and the other within 1 to 2 weeks after hospital discharge.
    - b. All neonates should be screened for congenital hypothyroidism prior to discharge from the hospital nursery but not later than day 6 of life.
    - c. Screening for hemoglobinophies should be done for those in high-risk ethnic groups.
  3. Tuberculin test: at 12 months of age and once during second year of age.
  4. Hemoglobin or hematocrit testing: once during first year of age, once during second year of age.
  5. Urinalysis: once during first year of age, once during second year of age.
  6. Annual blood pressure screening for children between 3 and 6 years of age.
  7. Blood lead test: (CPT<sup>2</sup> procedure code 83655): Assessment of risk for lead exposure by structured questionnaire based on Centers for Disease Control and Prevention (CDC) Preventing Lead Poisoning in Young (October 1991) during each well-child visit from age six months to under 6 years of age.
  8. Health guidance and counseling, including breast feeding and nutrition counseling.
  9. Additional services or visits required because of specific findings or because the particular circumstances of the individual case are covered if medically necessary and otherwise authorized for benefits.
- H. Well-child services are considered preventive and are subject to the same cost-sharing/copayment and authorization requirements as prescribed under TRICARE preventive services (refer to [Chapter 1, Section 10.1](#) and [Chapter 12, Section 8.1](#)).

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